

# State of New Jersey



## Department of Banking and Insurance

### Dental Plan Organization (DPO) Supplement to the Quarterly Report of

\_\_\_\_\_  
(Name of DPO)

\_\_\_\_\_  
Address

For the Calendar Quarter Ended

\_\_\_\_\_, 200\_\_

Submitted By:

\_\_\_\_\_  
(Printed Name & Title of Responsible Financial Officer Completing Report)

\_\_\_\_\_  
(Original Signature of Officer)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(Fax Number)

\_\_\_\_\_  
(Email)

Name of DPO \_\_\_\_\_

For the Calendar Quarter Ended \_\_\_\_\_, 200\_\_

**Exhibit 2 (from Annual Supplement Form)**

**Restricted Deposit**

|   |   |
|---|---|
| Deposit Required<br>Per NJAC 11:10-1.8(a) | Market Value of Deposit at quarter ended ____/0__ |
| \$50,000                                  | \$ _____  |

**General Surplus**

|  |          |
|--|----------|
| General Surplus required per NJAC 11:10-1.8(a)3, (the greater of \$100,000 or 1% of the current annual premium at <b>12/31/2002</b> ). |          |
|  | \$ _____ |
| General Surplus at quarter ended ____/0__  | \$ _____ |

**Special Contingent Surplus (if applicable)**

|   |          |
|---|----------|
| Special Contingent Surplus per NJS 17:48D-7 |          |
| Full Time Equivalent Dentists (FTE) = _____ |          |
| Contingent Surplus quarter ended ____/0__   | \$ _____ |

Name of DPO \_\_\_\_\_

For the Calendar Quarter Ended \_\_\_\_\_, 200\_\_

**Exhibit 3 from Annual Supplement Form – Actuals Projections**

**2003 Actuals/Projections  
(all costs in 000's)**

|                         | 1 <sup>ST</sup> QTR "03"<br>Actual | 1 <sup>st</sup> QTR "03"<br>Budget | 2 <sup>nd</sup> QTR<br>"03" Projected | 3 <sup>rd</sup> QTR "03"<br>Projected | 4 <sup>th</sup> QTR "03"<br>Projected |
|-------------------------|------------------------------------|------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Premium                 |                                    |                                    |                                       |                                       |                                       |
| Other Income            |                                    |                                    |                                       |                                       |                                       |
| Total Revenue           |                                    |                                    |                                       |                                       |                                       |
| Primary<br>Capitation   |                                    |                                    |                                       |                                       |                                       |
| Specialist Pool<br>Exp. |                                    |                                    |                                       |                                       |                                       |
| Total Medical<br>Exp.   |                                    |                                    |                                       |                                       |                                       |
| Medical Loss<br>Ratio   |                                    |                                    |                                       |                                       |                                       |
| Total Admin.<br>Exp.    |                                    |                                    |                                       |                                       |                                       |
| Admin. Exp.<br>Ratio    |                                    |                                    |                                       |                                       |                                       |
| Income/Loss             |                                    |                                    |                                       |                                       |                                       |
| Taxes                   |                                    |                                    |                                       |                                       |                                       |
| Net<br>Income/Loss      |                                    |                                    |                                       |                                       |                                       |
| Membership#             |                                    |                                    |                                       |                                       |                                       |
| Member<br>Months##      |                                    |                                    |                                       |                                       |                                       |
| General<br>Surplus      |                                    |                                    |                                       |                                       |                                       |
| Gen. Surp. Req.         |                                    |                                    |                                       |                                       |                                       |
| Restricted<br>Deposits  |                                    |                                    |                                       |                                       |                                       |
| FTE Dentists<br>(Prim)  |                                    |                                    |                                       |                                       |                                       |
| FTE Dent.<br>(Special)  |                                    |                                    |                                       |                                       |                                       |
| Contingent<br>Surp.     |                                    |                                    |                                       |                                       |                                       |

The projections for the 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> Qtr. must be the projections submitted with the 1<sup>st</sup> Qtr. Filing. Do not revise projections during the calendar year unless instructed to by the Department.

# At end of Quarter (Include both Employees and Dependents)

## Summary of members for all three months in the quarter . Member months exposed equals the sum of the number of months that each enrollee was covered during the quarter (e.g., if 100 enrollees were covered for 3 months and 50 enrollees were covered for 2 months, the total member months exposed would be 400 (100X3+50X2)).

Name of DPO \_\_\_\_\_

For the Calendar Quarter Ended \_\_\_\_\_, 200\_\_

**Exhibit 12A from Annual Supplement Form – Types of Benefits Plans**

List in reverse chronological order how many types of benefit plans are being offered.

|                        | <b>BENEFIT PLANS</b> |
|------------------------|----------------------|
| Quarter Ended ____/0__ |                      |
| Year Ended <b>2002</b> |                      |
| Year Ended <b>2001</b> |                      |

**Exhibit 12B from Annual Supplement Form – Full Time Equivalent Dentists**

In reverse chronological order, specify the number of “full-time equivalent dentists” (FTE) as defined at NJAC 11:10-1.3 under contract with the DPO as specified.

|                        | <b>FTE</b> |
|------------------------|------------|
| Quarter Ended ____/0__ |            |
| Year Ended <b>2002</b> |            |
| Year Ended <b>2001</b> |            |

**Exhibit 14 from Annual Supplement Form – Enrollment Data**

List the number of group and non-group contracts in force and the group and non-group enrollees at \_\_\_\_/0\_\_ and 12/31/02

| <b>Date</b>     | <b>Group<br/>Contracts</b> | <b>Group<br/>Employees</b> | <b>Group<br/>Dependents</b> | <b>TOTAL<br/>Enrollees</b> |
|-----------------|----------------------------|----------------------------|-----------------------------|----------------------------|
| ____/0__        |                            |                            |                             |                            |
| <b>12/31/02</b> |                            |                            |                             |                            |

| <b>Date</b>     | <b>Non-Group<br/>Contracts</b> | <b>Non-Group<br/>Subscribers</b> | <b>Non-Group<br/>Dependents</b> | <b>TOTAL<br/>Enrollees</b> |
|-----------------|--------------------------------|----------------------------------|---------------------------------|----------------------------|
| ____/0__        |                                |                                  |                                 |                            |
| <b>12/31/02</b> |                                |                                  |                                 |                            |